

MarkLines' Automotive Information Platform Membership Application Form 4 Accounts

To: MarkLines Co., Ltd.,

I, _____, agree to all the terms and conditions stated in MarkLines Co., Ltd.'s website (URL: www.marklines.com), and hereby apply to join MarkLines "Automotive Information Platform" (4 Accounts) as a paid corporate member.

Applicant Information:

Company Name: _____

Address: _____ City: _____

State/Prov./Shire: _____ Country: _____ Postal Code: _____

Tel: _____ Fax: _____ Homepage: _____

Fee: Canadian\$ 7,500

Payment Method: (Please check one) **EFT (Bank Transfer)** **COMPANY CHECK**

Please remit upon receipt of invoice by the end of next month.

How did you learn about MarkLines' "Automotive Information Platform"? (Please circle)

- | | |
|---|--|
| 1. MarkLines' Sales Person | 2. MarkLines' Sales Partner Company Name _____ |
| 3. Friends/ Acquaintance Recommendation | 4. Others _____ |

<Important> Please read the following notes carefully:

- * Cancellation: If your company does not wish to continue the following period, you must inform MarkLines in writing at least 3 months prior to the last day of your subscription. MarkLines agrees to send an e-mail reminder notice in advance of your subscription being renewed. If we do not receive your written notice, the contract will be automatically renewed for another 12 months and continue with the previous conditions.
- * Extent of User: Use of this service shall be limited to the company that is stated and the user(s) within the country/countries listed on this application form. In order for any of the applicant's affiliated companies, subsidiary companies, foreign branches, or foreign representative offices to make use of the service, they each must complete a separate application. (Article 4 of the Regulation on Group Use of Automotive Information Platform)
- * The number of parts to be exhibited on the "Product Spotlight" is unlimited and the number of PR mails to be distributed is limited to 5,000 mails during the 12 months period.
- * Please keep this application form for your reference.

Acknowledgement & Acceptance of Contract:

Name: _____ Signature: _____

Title: _____ Department: _____

Email: _____ Tel: _____ Fax: _____

Secondary Contact: (recommended)

Name: _____ Title: _____ Department: _____

Email: _____ Tel: _____ Fax: _____

* Note: MarkLines is free during the calendar month in which you sign up.